PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY ... FLORIDA DEPARTMENT OF STATE
... Secretary of State ...

M01000000273

DOCUMENT # M01000000273

1. Limited Liability Company's Name

DRH, LLC

400013139524
02/26/03--01048--018 **50.00
000010385326
02/21/03 01037 027 $150.00

2. Principal Office Address		**3.** Mailing Office Address	
15340 Jog Road		15340 Jog Road	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Delray Beach		City & State Delray Beach	
Zip 33446	Country USA	Zip 33446	Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 02/01/01

6. FEI Number: 30-0045044 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: Team 1

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN James A. Bordonaro Date 2/21/03

Assistant Secretary

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Andrew Steinberg	15340 Jog Road	Delray Beach, FL 33446

REINSTATEMENT 02-03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 1/8/2003 Daytime Phone # (561) 638-3600

Typed or printed name of signing Managing Member/Manager: Andrew Steinberg